

III. MANAGEMENT INFORMATION SYSTEM (MIS)

(Please indicate) State Agency: New Hampshire

for FY: FFY 2023

This section, Management Information System (MIS) involves the planning, documentation, security/ confidentiality and production of the necessary reports relating to program operations through the utilization of automated data processing services at the State and local level.

During a disaster or public health emergency, the State agency may request to implement existing WIC regulatory and programmatic flexibilities to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act or provision(s) authorized by Congress, before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility through their procedure manual where applicable. Please note the State Plan Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements, i.e., the Families First Coronavirus Response Act (PL 116-127).

More recently, Executive Order (EO) 13988, “*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation*.” was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations. However, where appropriate, State agencies may update their policies and procedures to align with the contents of the EO

A. System Planning and Operation – 246.4(a)(11)(iv): Describe the procedures for planning, approving and monitoring Automated Data Processing (ADP) goods and services, and any interaction with other statewide ADP operations which may take place, including system costs for services and security.

B. Participant Characteristics Minimum Data Set (MDS) – 246.4(a)(11)(i): All State agencies currently collect all required Minimum Data Set items. Please confirm that your State agency will continue to do so. For the Supplemental Data Set (SDS), which varies by the capacity of State systems, please describe the data items which are reported electronically regarding participant characteristics and whether these items are currently being collected or if there are plans to collect them in the future.

C. WIC Systems Functional Requirements Checklist – 246.4(a)(8); (9); (11); (12); (13); (14); (15); and (18): Describe those functions which are currently incorporated into the MIS or which are planned to be incorporated in the future.

A. System Planning and Operation (Online and Offline)

1. Management Information System Planning

a. The WIC State agency is included in the following comprehensive Statewide ADP plan(s):

- ☐ Title IVa (TANF)
- ☐ Title V (MCH)
- ☐ Title XIX (Medicaid)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Other (specify):
- ☒ No

If no, please provide a copy of the WIC State agency's ADP utilization plan.

b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services. If yes, please provide a copy of written procedures.

- ☐ Yes
- ☒ No

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):

2. System Documentation

a. The State system is fully documented in accordance with (check all that apply):

- ☒ USDA/FNS Advance Planning Document Handbook No.901
- ☒ USDA/FNS ADP Security Guide
- ☐ Other (specify):

b. The State agency maintains overall system documentation (check all that apply):

- ☐ A general design
- ☐ User's manual
- ☒ Method for updating documentation for system changes/modifications
- ☒ A detailed design
- ☒ Maintenance manual

Note: These documents are NOT required for FNS review or submission with the State plans but should be available if requested.

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):

3. Automated Data Processing Services

a. Indicate below whether the following ADP functions, if applicable, are performed by State agency staff or are contracted to an outside firm.

Function	Performed SA Staff	Performed LA Staff	Contracted to Outside Firm (specify company name):
Data entry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Food instrument production	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EBT Data Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Feasibility study	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ADP development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CDP
ADP system hardware operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CDP
Custom software development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CDP
Custom software maintenance	<input type="checkbox"/>	<input type="checkbox"/>	CDP
Printing forms/FIs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Backup computer facility	<input type="checkbox"/>	<input type="checkbox"/>	CDP
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance Food Instruments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Basic Food Package Production	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
User Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

b. The State agency has a contract in effect (check all that apply). Please provide a copy of agreement.

☐ Equipment ☐ Services ☐ Software

c. The State agency has methods in place for ensuring that the cost of equipment or services used by WIC and other programs are equitably prorated among funding sources. Please provide policy of method used.

☐ Yes ☒ No

d. The State agency periodically reviews system costs billing.

☒ Yes ☐ No

e. The State agency acquires banking services through:

- ☐ Competitive bids among banks within the State
- ☐ Competitive bids among in-State and out-of-State banks
- ☐ Use of State agency designated bank
- ☒ Other:

f. The State agency acquires EBT services through:

- ☒ Competitive bids among EBT processors
- ☐ State hosted EBT services
- ☐ Other:

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite): Sample Monthly O&M Invoice and Report

4. System Security/Data Confidentiality

a. To ensure that data files and computer programs are protected, the State agency ensures that (check all that apply):

- ☒ There is a separate organizational area/individual to control access to electronic storage media.
- ☒ Access to WIC Program data files is controlled through password access or similar control.
- ☒ Operational personnel are limited to only those jobs for which they are responsible.
- ☒ Passwords are protected.
- ☒ Passwords are changed periodically.
- ☒ The system access procedures are audited at least once a year. Please provide a copy of access procedures.
- ☒ Procedures are implemented for timely removing passwords, ID's etc. when personnel leave.
- ☐ Biennial security reviews are performed by . Please provide a written summary of the most current biennial security review
- ☒ Periodic risk assessments are performed by MIS Program Specialist/CDP
- ☒ Data uploaded to mobile applications, participant portals, etc. are secure and participant information is protected.

☐ Other (specify):

b. To ensure that disaster contingency plans (e.g., file storage, backup hardware, and software procedures) are sufficient to allow the management information and electronic benefit transfer systems to recover and continue processing after fire, flood or similar disaster, the State agency ensures that (check all that apply):

☒ Backup copies of files and program are stored off-site in a secure location. Please provide address of location.

1408 Joliet Rd., Romeoville, IL 60446

☒ Backup copies are kept up to date.

☐ There is an agreement with another processing unit with compatible hardware to provide services in an emergency. Please provide copy of agreement.

☐ A contingency plan is in place in the event of service interruption. Please provide a copy of contingency plan.

☐ A recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility. Please provide a written summary of the conducted test.

☐ Other (specify):

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):

5. Description of MIS changes that occurred in the past year:

Release 4.6

1. A new *Date Received by Transferred Clinic* field has been added to the **Issue Breastpump** window to record when a multi-user electric breastpump has been received by the clinic after a client has transferred. When this field is completed a system-generated **Notes** record will be created. Note: The *Date Returned* field will still need to be filled in by a clinic within the originating caseload to put the breastpump back into the caseload's available inventory.
2. The **Breastpump Issuance by Client Report** has been updated to include the new *Date Received by Transferred Clinic* date when the field is completed on the Issue Breastpump window. This field was added to both the "Clients Transferred Out of Clinic During Date Range" and "Clients Transferred Into Clinic During Date Range" sections, but only and not in the main body of the report also to streamline the report. The new *Date Received by Transferred Clinic* field is also included when the report is exported to Excel.
3. The matching criteria used for the **Dual Participation** test in all areas of the system has been changed to identify potential dual clients when the Last Name matches any part of the Last Name of an existing client, and the first letter of the First Name matches the First Name of the existing client, and the Month and Year matches the Month and Year of an existing client.
4. The Smoking section of the **Health Interview ATOD** window for PG, BF, and PP clients has been updated with new questions. The section now includes "*Tell me about any tobacco/nicotine use*" with checkboxes to select the type of nicotine/tobacco use, "*Are you exposed to smoke from tobacco or vaping products in enclosed areas?*" with a Yes/No radio button and a "Notes" field.
5. The Smoking section of the **Health Interview ATOD** window for Infant and Child clients has been updated with new questions. The section now includes "*Is your child exposed to smoke from tobacco or vaping products in enclosed areas?*" with a Yes/No radio button, and a "Notes" field.
6. Risk factors associated with the "Smoking" section of the **Health Interview ATOD** window have been updated to auto-generate from the new questions on the ATOD window. The Auto-Calc description on the **Assign Risk Factor** window for the affected risk factors were updated for Risk 371 to reflect what generated the risk on the ATOD window.
7. There were several changes with specific Risk Factors on the **Assign Risk Factors** window:

- The “Maternal Smoking” risk factor (Federal Risk 371) was changed to now be “Nicotine and Tobacco Use.”
 - The “Tobacco Smoke Exposure” risk (Federal Risk 904) was changed to “Environmental Tobacco Smoke Exposure.”
 - The “Pregnancy at a Young Age” risk (Federal Risk 331) definition was revised to apply to women <=20 years of age at conception (instead of 16 years).
 - The “High Parity at a Young Age” risk (Federal Risk 333) was inactivated.
8. The question regarding prescription medication use on the **Health Interview ATOD** window for PG, BF, and PP clients was updated to display as *(Any misuse of prescription medications)* Yes/No on both the **ATOD** window as well as the **ATOD History** window. A new informational hover message “Ask “Do you take medications as prescribed to you?” Select answer to “Misuse of Rx medication” as appropriate—a “yes” in this field means the participant does not take Rx’d medicines as directed and will trigger the risk “Alcohol and Substance Use” has also been added to this question on the **Health Interview ATOD** window for PG, BF, and PP clients.
 9. The **Health Interview ATOD History** window and printed report has been updated for all categories to support proper history display of screen changes within the Smoking section before and after the v4.6 release. Any new Health Interview ATOD History records display the newly formatted ATOD screen questions and answers. Any previously existing Health Interview ATOD History records, prior to v4.6, still display with original questions and answers.
 10. The **Participant Health Summary** report has been updated for all categories to support new display of screen changes within the Smoking section before and after the v4.6 release.
 11. A new *Source* field was added to the **Find Online Application** window (displayed as a new column) and the **Find Online Application Detail** window (displayed as a new non-editable field) to display the source of the record imported. This new field will also be included in the Excel output created from the “Save As” option on the **Find Online Application** window.
 12. The *Clinic* field on the **Find Online Application Detail** window was changed to a drop-down field. The clinic name will still be imported with the clinic the client selected on the online pre-application, but will allow the user to select which clinic they will be imported into when the application is approved. Whatever clinic name is showing in the Clinic field is the clinic the approved application will be added to.
 13. The letters within Client Services were updated:
 - The Non-Discrimination Statement (NDS) was updated, in both English and Spanish, and will now print in the same size font as the body of the letter.
 - The Non-Discrimination Statement (NDS) is now stored globally within the system so it will display the same on all affected letters.
 - The letters were updated to allow them to be printed onto a second page when needed.

Release 4.7

1. The **Appointment History** window has been fixed and will now display the correct time stamp on the records according to the date/time of the local time zone when the record was entered.
2. The issue that caused both the previous and current NDS to display on some older documents (Ex: Rights and Responsibilities) when viewing the document in **Contact History** has been fixed.
3. Various issues have been fixed on the **Issue Benefits** window:
 - The problem that caused the Issue Benefits window to incorrectly display “No Food Package Assignment” for all issuance months instead of displaying the food packages assigned for the future

month(s) and allowing them to be issued when the current month's food package on the Assign Food Package window is "No Base Food Package" has been fixed.

- The issue that caused the Issue Benefits window to incorrectly display "Food Package Not Valid" for current and future months instead of displaying "Exclusively BF" for the current month and the assigned food package(s) for the future months when the client changed breastfeeding status has been fixed.
 - The issue that would sometimes allow the Issue Benefits window to incorrectly display two months of issuance available for 30 Day Temp clients has been fixed.
4. The problem that caused Date of Birth information to not get updated to the Conduent EBT provider has been corrected.

Vendor Management Task Order

<u>Category</u>	<u>Enhancement</u>
Vendor Monitoring	Vendor Monitoring Average Price Auto Calculated
Vendor Investigation	Find Vendor Investigation Screen
	Compliance Buy Data
Inventory Audit New Functionality	Inventory Audit Report and Functionality
Compliance and Education	Compliance and Education Benefit Issuance
High Risk Reports	Distance Traveled to Store Report
	Vendor Last Transaction Date
	Transaction Reports
	Percentage of Benefits Redeemed per Transaction Report
	Pricing Outliers
	NTE Report Drilldown
	NTE Trend
	Transactions Conducted After Hours Report
	Price Fluctuation Report (previously named uniform pricing report)
	Vendors without Subcategory Redemptions
Reporting Data Consistency	Benefit Issuance Audit Report
	Food Quantity Report Data Source Adjustment
	Food Quantity Owner Report Data Source Adjustment
	Vendor Listing and Volume Report Data Source Adjustment
	Vendor Transaction Average Report Data Source Adjustment
	Formula Purchased Report Data Source Adjustment
	Food Category Redemption Report Data Source Adjustment
	Vendor Total Volume Report Data Source Adjustment
Vendor Application Updates	Vendor Application Screen
	Auto Populate Price Survey Pricing for Vendors Renewing Contract
	Competitive Price Analysis for New Applicants
Competitive Price Analysis	Competitive Price Selection Criteria Generator
A-50 Determination	A-50 Determination (WIC Sales Compared to Non WIC Sales)
	A-50 Determination Report
	Vendor Comparison Average Requested Price by Subcategory

Vendor Authorization	Vendor Disqualification Screen Enhancements
	Vendor Disqualification Date Validation
	Vendor Termination Date Validation

6. Description of MIS changes planned for the upcoming year:

As of July 1st, 2022 CDP is our new MIS system contractor. We have not made any plans for future releases as of yet as we want to give CDP time to learn our system and make recommendations.

B. Participant Characteristics Minimum Data Set

The Participant Characteristics (PC) Minimum Data Set (MDS) contains data items which are reported to FNS electronically by State agencies in April in even numbered years on all or a State-representative sample of participants. The MDS has required data items which must be collected and reported. The Supplemental Data Set (SDS) is comprised of data items which State agencies have agreed are desirable to collect and report at the national level. Please check MDS or SDS data items the State agency currently collects in its Information Systems and those MDS or SDS data items it is planning to collect within the next two years.

State Agency IS Collects:

☒ **State Agency ID.** A unique number that permits linkage to the WIC State agency where the participant was certified.

☒ **Local Agency ID.** A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits.

or

☒ **Service Site ID.** A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.

☒ **Case ID.** A unique record number for each participant which maintains individual privacy at the national level. (This may not be the case number used in the State agency's MIS for the individual.) Participant or Case IDs for each participant should continue to maintain individual privacy at the national level.

☒ **Client Date of Birth.** Month, day and year of participant's birth reported in MMDDYYYY format.

☒ **Client Race/Ethnicity.** The classification of the participant into one of the five (5) racial/ethnic categories: For race: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. For ethnicity: Hispanic or Latino; Not Hispanic or Latino.

☒ **Certification Category.** The category---one of five (5) possible categories---under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).

☒ **Expected Date of Delivery or Weeks Gestation.** For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.

☒ **Date of Certification.** The date the person was declared eligible for the most current WIC Program certification. Month, day, and year should be reported in MMDDYYYY format.

☒ **Sex.** For infants and children, male or female.

- ☒ **Priority Level.** Participant priority level for WIC Program certification.
- ☒ **Participation in TANF, SNAP, Medicaid.** The participant's reported participation in each of these programs at the time of the most recent WIC Program certification.
- ☒ **Migrant Status.** Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 798 report).
- ☒ **Number in Family/Household or Economic Unit.** The number of persons in the family/household or economic unit upon which WIC income eligibility was based. A self-declared number in the family/household or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF, SNAP, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means-tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and in-stream migrant farmworker applicants).
- ☒ **Family/Household or Economic Unit Income.** For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification. For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at the time of certification. These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii). Zero should not be used to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.
- ☒ **Nutrition Risk(s) Present at Certification.** Up to 10 highest priority nutritional risks present at the WIC Program certification
- ☒ **Hemoglobin or Hematocrit.** That value for the measure of iron status that applies to the WIC Program certification. It is assumed that the measure was collected at the time of certification or within ninety (90) days of the certification date.
- ☒ **Date of Blood Measurement.** The date of the blood measurement that was used during the most recent WIC Program certification in MMDDYYYY format.
- ☒ **Weight.** The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter (1/4) pound]. If weight is not collected in pounds and quarter pounds, weight may be reported in grams.
- ☒ **Height.** The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth (1/8) inch]. If height is not collected in inches and 1/8 inches, height may be reported in centimeters.
- ☒ **Date of Height and Weight Measure.** The date of the height and weight measures that were used during the most recent WIC Program certification in MMDDYYYY format.
- ☒ **Currently Breastfed.** Information is needed for all infant participants ages six through thirteen months, whether or not the infant is currently receiving breastmilk.
- ☒ **Ever Breastfed.** Information is needed for all infant participants ages six through thirteen months, whether or not the infant was ever breastfed.
- ☒ **Length of Time Breastfed.** For infants ages six through thirteen months, the number of weeks the infant received breastmilk.

☒ **Date Breastfeeding Data Collected.** For infants ages six through thirteen months, the date on which breastfeeding status was reported in MMDDYYYY format.

☒ **Food Packages.** The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month.

OPTIONAL:

Supplemental Data Set

State Agency IS Collects	State Agency IS Plans to Collect
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date of First WIC Certification. Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women, this applies to the current/most recent pregnancy and not to prior pregnancies.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Educational Level. For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Number in Family/Household on WIC. The number of people in the participant's family/household receiving WIC benefits.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date Previous Pregnancy Ended. For pregnant women, the date previous pregnancy ended in MMDDYYYY format.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Total Number of Pregnancies. For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Total Number of Live Births. For pregnant women, the total number of babies born alive to this woman, including those who may have died shortly after birth.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pre-pregnancy Weight. For pregnant women only, the participant's weight immediately prior to pregnancy. Pre-pregnancy weight may be reported either in pounds and ounces or in grams.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Participant's Weight Gain During Pregnancy. For breastfeeding and postpartum women, the participant's weight gain during pregnancy as taken immediately at or prior to delivery. Weight gain during pregnancy may be reported in either pounds and ounces or in grams.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Birth Weight. For infants and children, the participant's weight at birth measured according to the CDC nutrition surveillance program standards (lbs/ounces). Birth weight may be reported in either pounds or ounces, or in grams.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Birth Length. For infants and children, the participant's length measured according to the CDC nutrition surveillance program standards (1/8 inches). Birth length may be reported in either inches and eighth inches or in centimeters.



Participation in the Food Distribution Program on Indian Reservations. The participant's reported participation in this program.

C. WIC Systems Functional Requirements Checklist

The following checklists were taken from the WIC Functional Requirements Document (FRED) which is provided as guidance to State agencies on functions they should consider incorporating into their Information Systems. Please check those functions/capabilities which the State agency system currently performs or plans to perform within the next two years.

State Agency System Performs	State Agency System Planned	Automated Cord Function/Capabilities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Calculates the date certification is due to expire.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2a. Assigns one risk code.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2b. Assigns up to 3 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2c. Assigns up to 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2d. Assigns more than 6 risk codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3a. Converts incremental income (weekly, monthly) to an annual figure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Associates family members.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Statewide data is maintained to facilitate families transferring within the State.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Transfers certification data to the central computer facility electronically either in real time or batch mode.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Captures or documents the nutrition education provided each participant as well as the topics covered.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Uses table-driven food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8a. Uses standard pre-defined food packages.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8b. Enables easy food package tailoring.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8c. Performs edits to prevent over-issuance during food package creation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Enables food instruments to be issued when the participant is present for pick-up, i.e., on-demand.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Captures or documents the name of the programs to which the participant was referred.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Performs food instrument reconciliation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Produces standard Dual Participation Report.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Produces standard Integrity Profile (TIP) Report.

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|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Produces standard Rebate Billing Report. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. Produces standard Participation Report. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Produces Participant Characteristics Datasets. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Captures basic transaction data by vendor. |

**State
Agency
System
Performs**

**State
Agency
System
Planned**

Automated Core Function/Capabilities

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18. Flags high-risk vendors through peer group analysis of redemption data. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18a. Identifies vendors with high average food instrument redemptions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18b. Identifies vendors with a narrow variation in redemptions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19. Assigns a maximum value for each food instrument type (paper) or each item/UPC (EBT). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19a. Receives data about the amount a vendor requests for each food instrument (paper) or item/UPC (EBT) redeemed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 20. Captures source of income. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 21. Has the capability of annualizing household income occurring at more than one frequency. |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Performs automated dietary assessment. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 23. Has automated growth charts. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 24. Has point of certification data entry, i.e., a personal computer at each "station" within the clinic. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 25. Allows for ad hoc reporting. |